

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000007663**  
1. Corporation Name  
**MLEAC, Inc.**  
Principal Place of Business  
**Mary Lynn Engroff, PT**  
Mailing Address  
**5843 Eagle Cay Terrace  
Coconut Creek, FL 33073**

3. Date Incorporated or Qualified  
**1-10-96** 3a. Date of Last Report  
4. FEI Number  
**65-0649598** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21 **5843 Eagle Cay Terr.** 26 **(SAME)**  
22 **Coconut Creek, FL** 27  
23 **33073** 24 **U.S.A.** 25 **33073** 29 **U.S.A.** 30

9. Name and Address of Current Registered Agent  
**Mary Lynn Engroff  
5843 Eagle Cay Terrace  
Coconut Creek, FL 33073**  
10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE **Mary Lynn Engroff** 4-3-97  
NOTE: Registered Agent signature required when not statutory. DATE

| 12. OFFICERS AND DIRECTORS  |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |                          |
|---|-------------------------------------|--|--------------------------|
| 12.1<br>TITLE<br>Director<br>NAME<br>Mary Lynn Engroff<br>STREET ADDRESS<br>5843 Eagle Cay Terrace<br>CITY - ST - ZIP<br>Coconut Creek, FL 33073<br>DELETE <input type="checkbox"/>                         | <input type="checkbox"/>            | 13.1<br>TITLE<br>Director<br>NAME<br>Mary Lynn Engroff, PT<br>STREET ADDRESS<br>5843 Eagle Cay Terrace<br>CITY - ST - ZIP<br>Coconut Creek, FL 33073<br>Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/><br>Address only | <input type="checkbox"/> |
| 12.2<br>TITLE<br>Initial Director<br>NAME<br>Annah Carothers<br>STREET ADDRESS<br>3100 Ciralda Circle #201<br>CITY - ST - ZIP<br>Palm Beach Gardens, FL 33410<br>DELETE <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 13.2<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>Change <input type="checkbox"/> Addition <input type="checkbox"/>  | <input type="checkbox"/> |
| 12.3<br>TITLE<br>DELETE <input type="checkbox"/>  | <input type="checkbox"/>            | 13.3<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>Change <input type="checkbox"/> Addition <input type="checkbox"/>  | <input type="checkbox"/> |
| 12.4<br>TITLE<br>DELETE <input type="checkbox"/>  | <input type="checkbox"/>            | 13.4<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>Change <input type="checkbox"/> Addition <input type="checkbox"/>  | <input type="checkbox"/> |
| 12.5<br>TITLE<br>DELETE <input type="checkbox"/>  | <input type="checkbox"/>            | 13.5<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>Change <input type="checkbox"/> Addition <input type="checkbox"/>  | <input type="checkbox"/> |
| 12.6<br>TITLE<br>DELETE <input type="checkbox"/>  | <input type="checkbox"/>            | 13.6<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>Change <input type="checkbox"/> Addition <input type="checkbox"/>  | <input type="checkbox"/> |
| 12.7<br>TITLE<br>DELETE <input type="checkbox"/>  | <input type="checkbox"/>            | 13.7<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>Change <input type="checkbox"/> Addition <input type="checkbox"/>  | <input type="checkbox"/> |
| 12.8<br>TITLE<br>DELETE <input type="checkbox"/>  | <input type="checkbox"/>            | 13.8<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>Change <input type="checkbox"/> Addition <input type="checkbox"/>  | <input type="checkbox"/> |
| 12.9<br>TITLE<br>DELETE <input type="checkbox"/>  | <input type="checkbox"/>            | 13.9<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>Change <input type="checkbox"/> Addition <input type="checkbox"/>  | <input type="checkbox"/> |
| 12.10<br>TITLE<br>DELETE <input type="checkbox"/>   | <input type="checkbox"/>            | 13.10<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>Change <input type="checkbox"/> Addition <input type="checkbox"/>   | <input type="checkbox"/> |

14. I declare under penalty that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made by each of the officers and directors of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my signature is on the back of this report or as an attachment with an address.

SIGNATURE: **Mary Lynn Engroff** 4-3-97 954 360-9354  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

4/9/97